



Consumer Complaint

Commerce & Insurance
Division of Consumer Affairs
500 James Robertson Parkway, Fifth Floor
Nashville, TN 37243-0600
(615) 532-4994 Fax

Section I: How Do We Reach You? Your Contact Information

Please Print Clearly or Type. All fields marked with an asterisk (*) are required. Provide as much information as possible.

*Name: _____

*Address: _____

*City: _____ *State: _____ *Zip: _____

*(Tennessee Residents only) County: _____

Phone: Home: (____) _____ Work: (____) _____ E-mail address: _____

Best Contact Time: _____

Section II: Who is Your Complaint Against? Business Contact Information

*Business Name: _____

Contact Person: _____

*Address: _____

*City: _____ *State: _____ *Zip: _____

Phone: (____) _____ Fax: (____) _____

E-mail address: _____ Website address: _____

Type of Product or Service: _____

Section III: What Happened? Details of Incident

*Amount involved: \$ _____ How did you pay? _____ *Date of transaction: ____/____/____

*Have you contacted the business about this complaint? _____ If YES, to whom and when: _____

*What did you ask the business to do? _____

*What did the business do? _____

List all agencies you have contacted about this complaint: _____

*Have you or the business filed a lawsuit regarding this complaint? _____ (YES/NO)

Was this product or service advertised? _____ If YES, when and where? _____
(Please send a copy of the advertisement, if it is available.)

Section III: What Happened? (Continued)	
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Section IV: Automobile Complaints Required Information for Automobile Complaints Only
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*Year: _____ *Make: _____ *Model: _____
 *Vin Number: _____

Section V: Final Step

If you hire an attorney and/or file a private lawsuit, you have a limited time to sue under the Consumer Protection Act. You have one (1) year from the time you found out about the deceptive act or practice, and no more than five (5) years from the time the deceptive act or practice occurred. Consult a private attorney regarding your legal rights.

By my signature below, I hereby attest to the accuracy and truthfulness of the content, I authorize the Tennessee Division of Consumer Affairs to send a copy of this complaint to the business and I understand this complaint may be used in legal proceedings brought under the Tennessee Consumer Protection Act.

***Signature** _____ ***Date** _____

All complaints submitted to the Tennessee Division of Consumer Affairs are subject to the Public Records Act, T.C.A. Title 10, Chapter 7.